

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL

1. CIR./DIST./DIV. CODE 1089		2. PERSON REPRESENTED Katie Doup		VOUCHER NUMBER 1089.1134378		
3. MAG. DKT./DEF. NUMBER 2:20-MJ-00093-3-ABJ		4. DIST. DKT./DEF. NUMBER 2:21-CR-00008-3-ABJ		5. APPEALS DKT./DEF. NUMBER		
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) USA v. Butler et al		8. PAYMENT CATEGORY Felony (including pre-trial diversion of alleged felony)		
9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE Criminal Case				
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense</i> 21:846=CD.F, 21:841A=CD.F						
12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix) AND MAILING ADDRESS Thomas B Jubin - Bar Number: P O Box 943 Cheyenne, WY 82003 Phone: (307) 637-4965 Fax: (307) 637-4788			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: <u>Tracy Hucke</u> Appointment Dates: _____ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR Other (See Instructions) _____ <u>Kelly H Rankin /S/</u> Signature of Presiding Judge or By Order of the Court <u>12/10/2020</u> Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Jubin & Zerga, LLC - TIN: XX-XXXXXXX P O Box 943 Cheyenne, WY 82003 Phone: (307) 637-4965 Fax: (307) 637-4788						
CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY			
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	a. Arraignment and/or Plea	1.40	\$217.00			
	b. Bail and Detention Hearings	0.40	\$60.80			
	c. Motion Hearings	0.60	\$93.00			
	d. Trial					
	e. Sentencing Hearings	1.50	\$232.50			
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets)	0.50	\$76.00			
(RATE PER HOUR = \$ 152.00, 155.00) TOTALS		4.40	\$679.30			
Out of Court	a. Interviews and Conferences	29.80	\$4,609.70			
	b. Obtaining and reviewing records	14.10	\$2,184.60			
	c. Legal research and brief writing	16.20	\$2,508.60			
	d. Travel time	9.20	\$1,426.00			
	e. Investigative and other work (Specify on additional sheets)	4.40	\$679.90			
	(RATE PER HOUR = \$ 152.00, 155.00) TOTALS		73.70	\$11,408.80		
17. Travel Expenses (lodging, parking, meals, mileage, etc)			\$355.67			
18. Other Expenses (other than expert, transcripts, etc)			\$97.16			
GRAND TOTALS (CLAIMED AND ADJUSTED)			\$12,540.93			
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: <u>12/10/2020</u> TO: <u>12/17/2021</u>			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION 04	
22. CLAIM STATUS <input checked="" type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <u>0</u> <input type="checkbox"/> Supplemental Payment <input type="checkbox"/> Withholding Payment (---) (---) Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, were you paid? <input type="checkbox"/> Yes <input type="checkbox"/> No Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, give details on additional sheets I swear or affirm the truth or correctness of the above statements. Signature of Attorney <u>Thomas B Jubin /S/</u> Date <u>12/21/2021</u>						
APPROVED FOR PAYMENT - COURT USE ONLY						
23. IN COURT COMP. \$679.30		24. OUT OF COURT COMP. \$11,408.80		25. TRAVEL EXPENSES \$355.67		
26. OTHER EXPENSES \$97.16		27. TOTAL AMT. APPR./CERT. \$12,540.93				
28. SIGNATURE OF THE PRESIDING JUDGE Alan B Johnson /S/				28a. JUDGE CODE 8904		
29. IN COURT COMP. \$0.00		30. OUT OF THE COURT COMP. \$0.00		31. TRAVEL EXPENSES \$0.00		
32. OTHER EXPENSES \$0.00		33. TOTAL AMT. APPROVED \$0.00				
34. SIGNATURE OF THE CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount			34a. JUDGE CODE		CERTIFIED AMT. \$12,540.93	